



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

REINSTATEMENT LETTER

[DATE]

[NAME]
[ADDRESS]
[CITY/STATE/ZIP]

Dear [Mr / Mrs / Ms]:

A Youth Court Order dated [DATE], requires you to pay the State of Montana \$[AMOUNT] per month for every month (30-day period) or fraction thereof that your child, [YOUTH-FULL NAME], is in placement with the Department of Corrections or Youth Court out of the home. Although [YOUTH-FIRST NAME] was returned to your home in [MONTH], [YEAR], [HE/SHE] was again recommended by the Youth Placement Committee on [DATE] to be placed in [FACILITY] at a cost of \$[RATE] per day. Therefore, your cost-of-care contributions are reinstated immediately and will continue as long as [YOUTH-FIRST NAME] remains out of home or until [HIS/HER] 18th birthday.

Please make your payments to the State of Montana. Your payment for [MONTH OF PLACEMENT] is due upon receipt and on the [insert date] of each month thereafter. Enclosed is a status sheet showing previous cost-of-care contributions and estimated amounts due. Please note that if your payments become delinquent without an alternative payment arrangement being made with this office, you may be subject to actions of the court.

Please mail payments to: Department of Corrections
Youth Services
PO Box 201301
Helena, MT 59620-1301

Sincerely,

[NAME]
Regional Administrative Officer